Name of Person reporting: _____ Date Submitted to UDOH: _____

U.S. DEPARTMENT OF
HEALTH & HUMAN SERVICES
PUBLIC HEALTH SERVICE

VIRAL HEPATITIS CASE REPORT

CDC
Centers for Disease Control
and Prevention
Hepatitis Branch, (G37)
Atlanta, Georgia 30333

The following questions should be asked for every case of viral hepatitis

Prefix: (Mr. Mrs. Miss Ms. etc) _____ Last: _____ First: _____ Middle: _____

Preferred Name (nickname): _____ Maiden: _____

Address: Street: _____

City: _____ Phone: ( ) - Zip Code: ___ ___ ___ ___ ___ -- ___ ___ ___ ___

SSN # (optional) ___ ___ __ - ___ ___ - ___ ___ ___ ___

Only data from lower portion of form will be transmitted to CDC

State: _____ County: _____ Date of Public Health Report__ __ / __ __ / __ __ __ __

Was this record submitted to CDC through the NETSS system? Yes ☐ No ☐

If yes, please enter **NETSS ID NO.** ☐☐☐☐☐☐☐☐☐☐ If no, please enter **STATE CASE NO.** _____

DEMOGRAPHIC INFORMATION

RACE (check all that apply):

☐ Amer Indian or Alaska Native ☐ Black or African American ☐ White
☐ Asian ☐ Native Hawaiian or Pacific Islander ☐ Other Race, specify: _____

ETHNICITY:
Hispanic ..... ☐
Non-hispanic ..... ☐
Other/Unknown ..... ☐

SEX: Male ☐ Female ☐ Unk ☐ **PLACE OF BIRTH:** ☐USA ☐Other:_____

DATE OF BIRTH: __ __ / __ __ / __ __ __ __ **AGE:** ___ ___ **(years) (00= <1yr , 99= Unk)**

CLINICAL & DIAGNOSTIC DATA

REASON FOR TESTING: (Check all that apply) ☐ Symptoms of acute hepatitis ☐ Evaluation of elevated liver enzymes
☐ Screening of asymptomatic patient with reported risk factors ☐ Blood / organ donor screening
☐ Screening of asymptomatic patient with no risk factors (e.g., patient requested) ☐ Follow-up testing for previous marker of viral hepatitis
☐ Prenatal screening ☐ Unknown ☐ Other: specify: _____

CLINICAL DATA:

Diagnosis date:

	Yes	No	Unk
Is patient symptomatic?	☐	☐	☐
if yes, onset date: __ __ / __ __ / __ __ __ __			
Was the patient			
• Jaundiced? ..... Total Bilirubin result: _____	☐	☐	☐
• Hospitalized for hepatitis?	☐	☐	☐
Was the patient pregnant ?	☐	☐	☐
due date : __ __ / __ __ / __ __ __ __			
Did the patient die from hepatitis?	☐	☐	☐

DIAGNOSTIC TESTS: CHECK ALL THAT APPLY

	Pos	Neg	Unk
• Total antibody to hepatitis A virus [total anti-HAV]	☐	☐	☐
• IgM antibody to hepatitis A virus [IgM anti-HAV]	☐	☐	☐
• Hepatitis B surface antigen [HBsAg]	☐	☐	☐
• Total antibody to hepatitis B core antigen [total anti-HBc]	☐	☐	☐
• IgM antibody to hepatitis B core antigen [IgM anti-HBc]	☐	☐	☐
• Antibody to hepatitis C virus [anti-HCV]	☐	☐	☐
- anti-HCV signal to cut-off ratio _____			
• Supplemental anti-HCV assay [e.g., RIBA]	☐	☐	☐
• HCV RNA [e.g., PCR]	☐	☐	☐
• Antibody to hepatitis D virus [anti-HDV]	☐	☐	☐
• Antibody to hepatitis E virus [anti-HEV]	☐	☐	☐

LIVER ENZYME LEVELS AT TIME OF DIAGNOSIS

- ALT [SGPT] Result _____ Upper limit normal_____
- AST [SGOT] Result _____ Upper limit normal_____
- Date of ALT result __ __ / __ __ / __ __ __ __
- Date of AST result __ __ / __ __ / __ __ __ __

•

DIAGNOSIS: (Check all that apply)

☐ Acute hepatitis A
☐ Acute hepatitis B ☐ Chronic HBV infection ☐ Perinatal HBV infection ☐ Hepatitis Delta (co- or super-infection)
☐ Acute hepatitis C ☐ HCV infection (chronic or resolved)
☐ Acute hepatitis E ☐ Acute non-ABCD hepatitis

STATE CASE NO. _____

Patient History- Acute Hepatitis B

NETSS ID NO. | | | | | | | | | | |

During the **6 weeks- 6 months** prior to onset of symptoms was the patient a contact of a person with confirmed or suspected acute or chronic hepatitis B virus infection? **Yes** **No** **Unk**

If yes, type of contact

- Sexual ☐ ☐ ☐
- Household [Non-sexual] ☐ ☐ ☐
- Other: _____ ☐ ☐ ☐

Ask both of the following questions regardless of the patient's gender.

In the **6 months** before symptom onset how many **0** **1** **2-5** **>5** **Unk**

- male sex partners did the patient have? ☐ ☐ ☐ ☐ ☐
- female sex partners did the patient have? ☐ ☐ ☐ ☐ ☐

Was the patient ***EVER*** treated for a sexually-transmitted disease? **Yes** **No** **Unk** ☐ ☐ ☐

- If yes, in what year was the most recent treatment ? __ __ __ __

During the **6 weeks- 6 months** prior to onset of symptoms

- inject drugs not prescribed by a doctor? ☐ ☐ ☐
- use street drugs but not inject? ☐ ☐ ☐

During the **6 weeks- 6 months** prior to onset of symptoms

Did the patient- **Yes** **No** **Unk**

- undergo hemodialysis? ☐ ☐ ☐
- have an accidental stick or puncture with a needle or other object contaminated with blood? ☐ ☐ ☐
- receive blood or blood products [transfusion] ☐ ☐ ☐
  - if yes, when? M M / D D / Y Y Y Y
- receive any IV infusions and/or injections in the outpatient setting... ☐ ☐ ☐
- have other exposure to someone else's blood ☐ ☐ ☐

specify: _____

During the **6 weeks - 6 months** prior to onset of symptoms

- Was the patient employed in a medical or dental field involving direct contact with human blood ? ☐ ☐ ☐
  If yes, frequency of direct blood contact?
  Frequent (several times weekly) ☐ Infrequent ☐
- Was the patient employed as a public safety worker (fire fighter, law enforcement or correctional officer) having direct contact with human blood? ☐ ☐ ☐
  If yes, frequency of direct blood contact?
  Frequent (several times weekly) ☐ Infrequent ☐
- Did the patient receive a tattoo? ☐ ☐ ☐
  where was the tattooing performed? (select all that apply)
  ☐ commercial parlor / shop ☐ correctional facility ☐ other _____

During the **6 weeks- 6 months** prior to onset of symptoms

- Did the patient have any part of their body pierced (other than ear)?
  where was the piercing performed? (select all that apply)
  ☐ commercial parlor / shop ☐ correctional facility ☐ other _____

Yes **No** **Unk**

- Did the patient have dental work or oral surgery? ☐ ☐ ☐
- Did the patient have surgery ? (other than oral surgery) ☐ ☐ ☐
- Was the patient- ***Check all that apply***
  - hospitalized ? ☐ ☐ ☐
  - a resident of a long term care facility ? ☐ ☐ ☐
  - incarcerated for longer than 24 hours ? ☐ ☐ ☐

  if yes, what type of facility (check all that apply)
  prison ☐ ☐
  jail ☐ ☐
  juvenile facility ☐ ☐

During his/her lifetime, was the patient ***EVER***

- incarcerated for longer than 6 months ? ☐ ☐ ☐
  - If yes,
    what year was the most recent incarceration ? __ __ __ __
    for how long ? __ __ __ **mos**

Did the patient ever receive hepatitis B vaccine? **Yes** **No** **Unk** ☐ ☐ ☐

If yes, how many shots? **1** **2** **3+** ☐ ☐ ☐

- In what year was the last shot received? ☐☐☐☐

Was the patient tested for antibody to HBsAg (anti-HBs) within 1-2 months after the last dose? **Yes** **No** **Unk** ☐ ☐ ☐

- If yes, was the serum anti-HBs ≥ 10mIU/ml? ☐ ☐ ☐
  (answer 'yes' if the laboratory result was reported as 'positive' or 'reactive')